

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
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TOTAL IND.	3											
TOTAL DEP.	23	→		→		→						
TOTAL CLAIMS	26	SEARCHED	EXAMINED	SEARCHED	EXAMINED	SEARCHED	EXAMINED	SEARCHED	EXAMINED	SEARCHED	EXAMINED	SEARCHED

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS